



JUL 8 2005 4:27PM

7635146982 MEDTRONIC

NO. 6516 P. 3

PART B - FEE(S) TRANSMITTAL

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27581 7590 05/17/2005

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

07/11/2005 RMEBRAH1 00000137 132546 09945179

01 FC:1501 1400.00 DA

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MOLLY CHLEBECK	(Depositor's name)
Molly Chlebeck	(Signature)
July 8, 2005	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/945,179	08/30/2001	Todd J. Sheldon	P-8729	2977

TITLE OF INVENTION: ISCHEMIA DETECTION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$100	\$0	\$100	08/17/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
GETZOW, SCOTT M	3762	607-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

2 Girma Wobbe-Michael
1 Paul H. McDowall
3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 132546 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Paul H. McDowall

Typed or printed name

Date

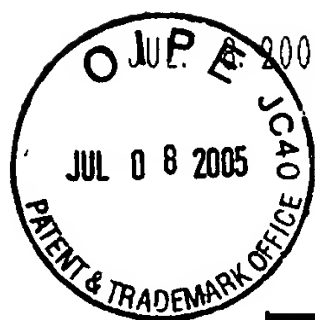
20 June 05

Registration No.

34,873

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P8729.00

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Date: July 8, 2005

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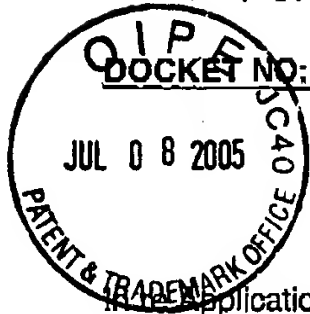
**Comments: RE: P8729.00
Serial No. 09/945,179
Applicants: Sheldon et al.
Filed: August 30, 2001
Title: ISCHEMIA DETECTION**

Attached please find the following documents:

- X** Issue Fee Transmittal
- X** Part B-Fee(s) Transmittal
- X** Fee Addressee For Receipt of PTO Notices
Relating to Maintenance Fees

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DOCKET NO: P-8729.00

JUL 08 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICEISSUE FEE TRANSMITTAL

Application of:

Todd J. Sheldon et al.

For:

ISCHEMIA DETECTION

Serial No.:

09/945,179

Filed:

August 30, 2001

CERTIFICATE OF FAX TRANSMISSION UNDER 37 CFR 1.8: I hereby certify that this **ISSUE FEE TRANSMITTAL AND TRANSMITTAL** and the paper(s), as described herein, are being sent to telefacsimile No. (703) 746-4000 at the Mail Stop Issue Fee, Commissioner for Patents, Alexandria, VA 22313-1450 on this 8th day of July, 2005.

Molly Chlebeck
Signature

MOLLY CHLEBECK
Printed Name

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X Issue Fee Transmittal
X PTOL FORM 85B

X Please charge Deposit Account 13-2546 in the amount of \$100.00 for the Issue Fee.

X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

Date

8 July '05

Paul H. McDowall

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